New Jersey Public Employment Relations Commission POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #				
	SECTION I: Parties and Te	rm of Contracts		
1	Public Employer: Ewing Town	ship	County: Mercer	
2	Employee Organization: FMBA	4 9	Number of Employees in Unit:	9
3	Base Year Contract Term: 7/1/2			
4		- 12/31/2021		
Assessment Statement S				
	SECTION II: Type of Contra	act Settlement (pleas	e check only one)	
5	Contract settled withou	ut neutral assistance		
6	Contract settled with as	ssistance of mediator		
7	Contract settled with as	ssistance of fact-finder		
8	Contract settled in Inter	est Arbitration		
9	If contract was settled in Interes		rator issue an Award? Yes	No.
_	in contract was settled in interes	carbitration, and the arbitr	res	110
	SECTION III: Base Salary Ca	alculation		
	The "base year" refers to the fina	al year of the expiring or e	xpired agreement.	
	or table and any amount provide it shall also include any other ite	ed pursuant to a salary income agreed to by the parties prior contract. Base salar	ase salary' means the salary provided rement, including any amount for loo s, or any other item that was include y shall not include non-salary econo	ngevity or length of service. d in the base salary as
10	Salary Costs in base year		\$ 653029.49	
11	Longevity Costs in base year		\$ 0	
12	Other base year salary costs			
	Uniform Allowance	\$ 12600.00		
	Vision	\$ 3600.00		
	Dental	\$ 8400.00		
		s		
	Sum of "Other" Costs Listed in Lir	ne 12.	ş 24600.00	
13	Total Base Salary Cost: (sum c	of lines 10, 11, 12):	\$ 677629.49	

Emp	loyer: Ewing Township		Employe	ee Organizatio	n: FMBA 93		Page	2
14	SECTION IV: Increase Total Base Salary Cost fro			ch year of Ne				
	Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	
15	Effective Date (month/day/year)	1/1/2017	1/1/2018	1/1/2019	1/1/2020	1/1/2021		-
16	Cost of Salary Increments (\$)	11154.92	25525.28					
17	Salary Increase Above Increments (\$)	6530.30	23084.60	11946.28	12155.34	14134.92		
18	Longevity Increase (\$)				ean discharació inion chailighne area nisponach i resultati			
19	Total Increased Cost for "Other" Items (\$)							
20	Total Increase (\$) (sum of lines 16-19)	17685.22	48609.88	11946.28	12155.34	14134.92		
SECTION V: Average Increase Over Term of New CNA								
21	Dollar Increase Over Life	of Contract	\$ 104531.64	[Take sum	of all amount	s listed on Line	20 above]	
22	Percentage Increase Over	Life of Contra	act 15.5	% [Divide an	nount on Line	21 by amount o	on Line 14]	
23	Average Percentage Incre	ase Per Year	3.1	% [Divide pe	-	ine 22 by numb	per of years of	

	and the property of the second		Minutes continues and description of
Employer: Ewing Township	Employee Organiza	tion: FMBA 93	Page 3
Lilipioyel.	Litiployee Organiza	WOIII -	

SECTION VI: Other Economic Items Outside Base Salary and Increases

←Increases→

					Z-11	ici cases /		
24	Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	Uniform Allowance	12600.00					y water by the Adaptive Colorina natural Maries Maries (Maries Maries Ma	
	Vision Reimbursement	3600.00						
								halanga bandan dan dan dan dan dan dan dan dan da
	Processing and the second seco							
25	Totals (\$):	49200.00						
	,,,	1.0200.00	1			<u> 1</u>		

SECTION VII: Medical Costs

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	\$ 150590.88	\$ 150590.88
27	Prescription Plan Cost	\$ 59177.52	\$ 59177.52
28	Dental Plan Cost	ş 10800.00	\$ 10800.00
29	Vision Plan Cost	\$	\$
30	Total Cost of Insurance	\$ 220568.40	\$ 220568.40

Page 3 of 4 (complete all pages)

Emple	oyer: Ewing Township	Employee Organi	ization: FMBA 93	Page 4
SECT	ION VII: Medical Costs (continued)			
31	Employee Insurance Contributions	\$ 41953.68	\$ 41953.68	
32	Contributions as % of Total Insurance Co	ost 20.00 %	20.00 %	
33	Identify any insurance changes that w	vere included in this CI	NA.	
	•			
24	SECTION VIII: Certification and Signature The undersigned certifies that the for			
34	The differsigned certifies that the for	egonig rigures are u	ue.	
	Print Name: Joanna Mustafa			
	Position/Title: Chief Financial Officer		and the same of th	
	Signature:	la	and the state of t	
	Date: 2/20/18	<i>y</i> :	ACCIONAL PROPERTY AND	
	Send this completed and signed form certification form to: contracts@pel		tronic copy of the contract a	nd the signed
	certification form to: contracts@per	c.state.nj.us		
	NJ Public Employment Relations Com	mission		
	Conciliation and Arbitration			

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016